Nursing Care For Bipolar Client At The Risk Of Suicide Using Supportive Therapy

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ABSTRACT

Purpose: The purpose of this study was to carry out *comprehensive* nursing care in bipolar with suicide risk using supportive therapy. **Methods**: descriptive case study method, by managing one client using the nursing process approach. **Results:** The results of the study after conducting supportive therapy on bipolar clients with suicide risk, for 5 times showed a decrease in suicide risk. **Conclusion :**The conclusion of this study is that supportive therapy collaborated with SP is very effective in reducing the risk of suicide.

Keywords: Bipolar, suicide risk, supportive therapy

Introduction

Mental problems that are currently being discussed are bipolar disorder. Based on WHO (2017) who conducted a study which identified bipolar disorder as one of the 6th leading causes of disability both in the world and in Indonesia. So that bipolar disorder is called a *highly disabling illness* (CIPTO, 2021). Based on data obtained by Bipolare Care Indonesia (BCI) in 2016 as much as 1% and became 2% in 2017, Indonesians have bipolar disorder, around 72,860 people. (BCI, 2018). The data shows that 15% to 30% of the Indonesian population has mental disorders, anxiety and severe depression. West Java and East Java have the highest prevalence of emotional disorders (Riskesdas 2019). According to the Health Office, the number of cases over the past three years with mental illness problems in 2017 was 1,489 cases, in 2018 there were 1,511 cases and in 2019 there were 1,523 cases of mental illness with the Ciamis Health Center working area having the highest number of mental illness patients (Dinkes Jabar, 2020).

In Indonesia, attention to bipolar sufferers is still lacking, the community and health workers still rarely know about the condition of clients with bipolar disorder, there are still many negative stigmas on bipolar clients so that people still often assume that bipolar is crazy.(Rani Anggraini Purba & Yohanis Franz La Kahija, 2019). The impact if bipolar does

not get the right treatment can be fatal, high mortality and mobility, during depressive episodes in bipolar disorder has a high risk of committing suicide (Ramadhan & Syahruddin, 2019).

It is very important social support for bipolar sufferers, especially in terms of self-acceptance, because the acceptance of each individual who experiences bipolar is different, not a few also lead to suicide. So that one of the actions that can be taken on someone who has bipolar disorder with a risk of suicide is to provide supportive therapy. Where this therapy provides support so that the client continues to function and is still active in playing a role, the most important thing about this therapy is that the client feels prosperous and healthy physically and mentally and there is an increase in gratitude in psychological conditions due to the support of the family (S. Pardede, 2019).

In research by Dya Sustrami, Nure Chabibah, and Muh Zul Azhry Rustam (2019) in their research said that the family is the best support for its members where one of them is experiencing problems, some of the support that can be provided by the family is maintenance support, emotion to achieve the welfare of family members and meet psychosocial needs so that supportive therapy will provide maximum results (S. Pardede, 2019; Sholikah et al., 2020). This is also reinforced by Pardian (2019) in his research which states that anxiety levels can decrease with family support helping clients in dealing with the burden that is on them. Support can be provided from a sense of empathy compassion, motivation and encouragement so that clients feel comfortable through the family support (Harkomah et al., 2021; Pardian, 2019).

The results of preliminary studies when undergoing mental stase of the Ners professional program in hospitals and at home visits, researchers made observations of patients with bipolar patients, the average patient with bipolar disorder will attempt suicide or end himself, the triggers that can lead to suicide risk are lack of support from various angles, both from family, friends and the stigma that clients with bipolar disorder are crazy, this is what causes bipolar sufferers to plan to commit suicide, because what bipolar sufferers need is support or support and recognition.

Based on the description above, the authors are interested in applying the research results in case management as outlined in this study with the title "Nursing Care for Bipolar Clients with Suicide Risk Using Supportive Therapy".

Methods

The method of case study method with a comprehensive approach. Data collection techniques are carried out by interviews, observations, physical examinations, documentary studies, and literature studies. The respondent in this study was one person, namely Ms. K. aged 23 years who was diagnosed with Bipolar. Nursing care is provided by providing non-pharmacological therapy, namely supportive therapy collaborated with the Implementation Strategy, which is carried out for 5 days with a duration of 15-30 minutes, from May 29 to June 2, 2023.

Results

The first stage carried out in nursing care is assessment. Based on the results of the assessment that Ms. K is 23 years old, the client has been diagnosed with bipolar for approximately 3 years. The results of the assessment were carried out, the client said the symptoms had been felt since the end of 12th grade high school, at that time the client felt sad but there was no cause, during college level 1 semester 2 more often felt the same thing, there were drastic changes in mood, the client said that he had a descendant of his mother who was diagnosed with Anxiety Disorder, had never experienced physical violence before, the client said when he was a child he had been bullied by his friends, but the client never told him what he felt, if there was a problem or that made him sad the client always kept it to himself. the client is a hyperfunction from childhood, the client is a smart and intelligent person and active in class .

The author examines The client's history of suicide attempts, starting from suicidal gestures made on August 30, 2020 where the client sent a message to his closest friends and family, the client said he was no longer strong, and the client thought about crashing his car, a suicide threat was made on September 10, 2020 by threatening to take an overdose of divalpi in front of his family, This incident was validated by the family that this had happened, suicide attempts are often carried out by clients dated January 20, 2021 by doing self harm, the client slashed his left hand using a sharp object, namely an ID card that was cut pointedly, and it was proven that there was a scar on his left hand. This happens when the client feels down or is in a depressed phase, the client also 2 weeks ago on May 15, 2023 said he was looking on the internet about "how to kill myself" how to kill himself so that it doesn't hurt. The author conducts an additional assessment using the Suicidal intention Rating Scale (SIRS) with a score of 4, which is a severe suicide risk.

The author also examines the client's spiritual concept, where the client says that the client is a chosen person that God entrusts advantages by making the client a bipolar disorder sufferer, the client also says that every thing that God gives must be grateful. With the diagnosis of Bipolar, the client is more devoted to God, as well as when in the depression phase the client still always remembers God. For worship activities, the patient said praying 5 times. Currently the client is still taking bipolar drugs including divalpi once a day, sertraline 50 mg once a day, alprazolam 0.5 mg once a day for drug dosage changes.

Discussion

Based on the results of the anamnesis, nursing diagnoses that can be established in accordance with the Indonesian Nursing Diagnosis Standards are Suicide Risk. The sign shown by the client with data on suicide attempts and suicide threats, characterized by the presence of incision marks on the client's left hand (self harm) and the existence of threatening gestures and suicide attempts, in the assessment using the Suicidal Intetion Rating Scale (SIRS) obtained a score of 4 which means the client is at risk of severe suicide (PPNI DPP SDKI Working Team, 2017).

The intervention given to clients is non-pharmacological therapy with the actions to be taken is to use suicide risk implementation strategies for SP I to IV clients and for SP I to III families, the actions taken are collaborated using supportive therapy, where supportive therapy is carried out with four stages in order to get maximum results. In each implementing strategy there will be 1 session on supportive therapy. And after the session is over the client fills out the worksheet that has been given (Keliat, Winurini, Sulis. 2019)

In accordance with research conducted by Indra maulana (2020) entitled nursing interventions to prevent suicide risk clients using supportive techniques, with the results

obtained, namely that one of the interventions that can minimize the risk of suicide is to use supportive therapy, this has a very positive impact so as to reduce and decrease the risk and idea of committing suicide. The above statement is in accordance with what is felt by Ms. K, the client feels the influence of supportive therapy, the client says when the therapy is carried out the client feels support and enthusiasm (Wardani 2021).

Supportive therapy is not only support from family and closest people but also spiritual support that exists in the individual himself. Supportive therapy is carried out for 5 days, this is proven by Gemma and Wardani's research (2022) entitled effective supportive therapy for suicide risk patients, using case study research methods, the research was conducted for 5 days of treatment with the results showing a decrease in signs and symptoms and suicidal ideation scores.

The author also applies and schedules clients to dhikr 3 times a day during dhuha, dzuhur, asr prayers by reciting the tahlil sentence لَا إِلَهَ إِلَّا الله, sentence takbir أَكْبَرُ الله sentence Tasbih سُبْحَانَ الله and finally the sentence أَسْتَغْفِرُ اللهَ الْعَظِيْمَ is recited 33 times each, followed by reading pieces of Surah Al-baqarah verse 255 (verse of the chair) once, and reading pieces of Q.S Al-Anbiya (87) لَا إِلَهَ إِلَّا، أَنتَ، سُبْحَانَكَ إِنِّي كُنتُ مِنَ الظَّالِمِينَ closing the dhikr with hamdallah (Alhamdulillah).

The benefits of Dhzikr meditation when saying the sentence of Dhzikr, namely Istighfar, the body will feel more relaxed because the CO_2 levels in the brain decrease (Udin, 2021). This plays a role in the central nervous system by working to increase the dopamine hormone. Dopamine hormone is a chemical compound in the brain whose role is to convey stimuli in the form of nerve signals to the brain and muscles. Increasing this hormone will make you feel comfortable, calm and relaxed. This hormone is also known as a neurotransmitter, which is a conductor of stimulus. This neurotransmitter affects various human activities, such as emotions and behavior (Lidia, 2021).

The author teaches clients how to support themselves, by closing their eyes and saying thank you and apologizing to themselves, this can be done at night after doing activities in the morning . This can build positive energy in the client (Niman & Surbakti, 2022). With the response, the client said he realized that the client was a valuable person and would appreciate himself more , the client was able to mention 5 positive things during the depression phase on him among them not unyielding, diligent, not easily giving up always remembering God, always grateful for what is owned (Janitra 2021).

From previous studies that have been analyzed by the author, it can be concluded that the risk of suicide can be reduced signs and symptoms by providing support in the form of supportive therapy. The main key in the success of supportive therapy is to foster a trusting relationship between the therapist and the client, besides that it must involve the people closest to the client, namely the family so that supportive therapy can be successful and effective to reduce the client's suicide risk by training the aspects of the client (Mutiara, M.2019).

Conclusion

Based on the nursing care carried out on Ms. K with the nursing problem of suicide risk in bipolar clients with supportive therapy interventions in addition to spiritual (dhikr) which is collaborated with implementation strategies both to clients and to families. On May 29-02 June it can be concluded that there is a decrease in suicide risk as evidenced by the Suicidal Intetion Rating Scale (SIRS) score obtained from 4 to 0 (low risk).So that supportive therapy is very effective for bipolar clients with suicide risk.

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